



KDADS Grant Request for Proposal (RFP)

RFP Name or Number: KDADS-FOR-STRT1-17-014

Kansas State Target Response to the Opioid Crisis(KS Opioid STR)

Behavioral Health Services Commission

Release Date: June 23, 2017

RFP Submission Deadline: July 21, 2017

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Overview

The State of Kansas, Department for Aging and Disability Services (KDADS) has been awarded the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) 2017 State Targeted Response to the Opioid Crisis Grant (STR). The purpose of the Kansas STR program is to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose-related deaths through provision of prevention, treatment, and recovery activities for opioid use disorder (OUD), including prescription opioids as well as illicit drugs such as heroin. Four regional sub-awardees will use data to: demonstrate critical gaps in availability of treatment for OUDs in geographic, demographic, and service-level terms; address the critical gaps in availability of treatment for OUDs in geographic, demographic, and service-level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly address the gaps in their systems of care; deliver evidence-based treatment intervention, including medication and psychosocial interventions; and report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths

Purpose:

The purpose of this Request for Proposal (RFP) is to select four sub-awardees to develop and provide opioid misuse prevention, treatment, and recovery support services for the purpose of addressing the opioid abuse crisis within the state of Kansas. Each sub-awardee will create implementation plans to meet the specific needs, gaps, and access concerns, as well as risk and protective factors specific to their geographic, demographic and cultural differences.

Sub-awardees will:

- Reduce the number of persons with OUDs and the number of opioid overdose-related deaths through the provision of primary and secondary prevention, treatment, and recovery activities;
- Supplement, not supplant, other Federal or State funding for prevention, treatment, and recovery activities;
- Participate in the statewide media campaign for primary prevention; and,
- Participate in the development of a comprehensive State strategic plan to address the gaps in prevention, treatment, and recovery

Key Dates

Below is the tentative time schedule for this procurement. If KDADS finds a need to alter the timelines listed herein, either an addendum or correction notice will be issued announcing the alternate timelines.

Release of Request for Proposal

June 23, 2017

Applications Due

July 21, 2017, at 5 p.m., C.S.T

Notification of Award(s)

July 28, 2017

Start Date of Grant Agreement

August 1, 2017

Please be advised that the federal funding for this project has only been guaranteed through April 30, 2018. Should an additional year of funding be awarded, based upon availability of funding and SAMHSA requirements, as well as individual applicant progress and implementation, additional funding may be provided.

I. Instructions

1. **Official Contact.** (KDADS) has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department.

Name: Sharon Kearse
Address: 503 S Kansas Ave.
Phone: 785- 296-4533
Fax: 860 418-6698
E-Mail: kdads.bhs@ks.gov

The RFP is also available on the KDADS's website at <http://www.kdads.ks.gov>. A printed copy of the RFP can be obtained from the Official Contact upon request. Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact. Deadline for submission of proposals is July 21, 2017.

2. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to KDADS. KDADS anticipates the following:
 - Total Funding Available: \$2,628,387
 - Number of Awards: 4
 - Contract Cost: \$657,097
 - Contract Term: Up to ten (10) months, based on availability of federal funding

Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs,

individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan.

II. Eligibility

KDADS invites organizations who are currently licensed as Kansas SUD treatment providers to submit proposals in response to this RFP. Selected applicants shall sign a Notice of Grant Award, an agreement that KDADS will provide. The proposal submitted to KDADS shall become part of the Notice of Grant Award.

Applicants are required to have a DUNS number at time of submission of funding proposal. This number is a unique nine-digit identification number provided by Dun & Bradstreet. It may be obtained at no cost at the following website: www.fedgov.dnb.com/webform or by calling 866-705-5711. Verification of the DUNS number must be submitted as part of the funding proposal.

This funding opportunity is the result of an award to KDADS by the U.S. Department of Substance Abuse and Mental Health Services Administration (SAMHSA). Organizations sub-awarded funding via this RFP are expected to abide by the requirements SAMHSA has set forth in the original funding announcement, TI-17-014: State Targeted Response to the Opioid Crisis Grants (Opioid STR), <https://www.samhsa.gov/grants/grant-announcements/ti-17-014>.

1. Minimum Qualifications of Proposers. To qualify for a contract award, a proposer must have the following minimum qualifications:

- KS Business License (issued by the Office of the Secretary of the State);
- Currently licensed or partnering with organization that is a currently licensed State of Kansas substance use treatment agency;
- Experience implementing services of similar complexity;
- Capacity to submit required data to KDADS in a manner that is timely and accurate; and,
- Capacity to provide treatment services by September 1, 2017.

III. Application and Submission Information

1. How to Apply

Applicants are required to submit one electronic copy to kdads.bhs@ks.gov.

- Due Date: July 21, 2017
- Time: 5:00 PM CST

The Official Contact is the only authorized recipient of proposals submitted in response to this RFP. Proposals must be received electronically by the Official Contact on or before the due date and time. The electronic copy of the proposal must be compatible with Microsoft Office Word 2010. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

2. General instructions

- Applications consist of narrative content, required forms (see Attachments) and a proposed budget section.
- The Project Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be longer than **18** pages. KDADS will not count any information contained on pages past the set limits.

3. Format requirements

Format the Sections A through E as follows:

- Use one-inch margins at the top, bottom, and both sides.
- Use a font size of not less than 12 points.
- Sequentially paginate the pages in each section.

4. Funding limitations/restrictions (All budgets will be reviewed in conjunction with program objectives and will be approved prior to award)

- No more than **\$17,426** may be used for administrative and infrastructure development costs.
- No less than **\$622,880** must be used for opioid treatment services.
- No more than **\$16,790** may be used for primary and secondary opioid prevention services.
- Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with Opioid STR grant funds.
- Funds may not be expended through the grant or a sub-award by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine.) Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.

5. Project Narrative

A. Population of Focus and Statement of Need

- a. Identify the regional boundaries of the area to be served (i.e., what counties/cities are included). Identify your communities of focus at highest risk for OUD and include demographic data such as gender, ethnicity, age, socioeconomic status, veteran status, etc. Cite your data sources.
- b. Provide an explanation as to why you selected the area to be served. Discuss current service needs and gaps in this area.

B. Proposed Implementation Approach

- a. For SAMHSA-required Project Goal 1, “Reduce the Number of Person with OUDs,” provide measurable objectives as to how your proposed project will meet this goal.
- b. For SAMHSA-required Project Goal 2, “Reduce the Number of Opioid Overdose Related Deaths”, provide measurable objectives as to how your proposed project will meet this goal.
- c. Describe how the proposed project will provide: primary and secondary prevention, treatment, and recovery activities that address needs/gaps identified in Section A. Include information regarding how you plan to:
 - i. Facilitate access to HIV, TB, and HCV testing;
 - ii. Facilitate access to mental health services;
 - iii. Partner with Kansas-licensed opioid treatment clinics in your region and facilitate access to medication assisted treatment;
 - iv. Partner with KDOC/law enforcement;
 - v. Partner with first responders in your region who administer naloxone; and,
 - vi. Incorporate the use of peer supports.
- d. Describe how you will: 1) identify, 2) recruit, and 3) retain consumers for the project. Include in your discussion information about how you will identify, recruit, and retain veterans, specifically.
- e. Describe how you will ensure that no consumer is denied project services based solely on his/her use of FDA approved pharmacotherapy furnished for opioid use disorder treatment. (This is a SAMHSA requirement.)
- f. Describe how you will ensure that funds are used only to serve those consumers who are not covered by public or commercial health insurance programs. (This is a SAMHSA requirement.) If consumers will be required to pay for a portion of their service costs, please provided a detailed explanation as to why.
- g. Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured clients. (This is a SAMHSA requirement.)
- h. Describe how you will outreach/train potential prescribers of medication-assisted treatment.
- i. State the unduplicated number of individuals to which you propose to provide treatment and recovery support services. Explain how you arrived at this number.

- j. Provide a chart or graph depicting a realistic time line for the ten (10) month project period, indicating: dates, key activities, and responsible staff. Chart must indicate that treatment services will be provided no later than September 1, 2017. (This is a SAMHSA requirement.)
- k. Indicate whether the treatment component of your program will have a focus on serving either or both of the following SAMHSA target populations: pregnant women and women with dependent children, and intravenous drug users. If targeting either/both populations, please describe how you will outreach, recruit, and retain these consumers, specifically.
- l. Indicate whether you propose to use a proportion of your treatment funds to purchase naloxone for distribution in high need communities, and to train first responders, substance use prevention and treatment providers, and others on the use of naloxone. If so, please describe how you will do so.
- m. Indicate whether you propose to use at least 10% of your treatment funds to purchase FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations, or implantable buprenorphine) in combination with psychosocial interventions. If so, please describe your plan for doing so.

C. Proposed Evidence-Based Service/Practice

- a. Describe the Opioid Use Prevention and Treatment EBP(s) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve.
- b. Describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If no modifications are necessary, please indicate.

D. Organizational Experience

- a. Discuss your organization's experience with the population to be served.
- b. Discuss your organization's experience in administering similar grants/projects.
- c. Discuss the capability and experience of other partnering organizations with similar projects and populations.
- d. Describe how your staff will gather input from consumers and families in assessing, planning and implementing your project.

E. Data Collection

- a. Discuss your experience in collecting and reporting project data.
- b. Describe your specific plan for data collection.

IV. Review and Selection Process

Narrative application evaluation/scoring

Raters will individually and/or as a team review, evaluate, and numerically score applications based on each application's adequacy, thoroughness, and the degree to which it complies with the RFP requirements.

V. Budget

Applicants must submit an: 1) Applicant Information Worksheet, 2) Proposed Budget Detail Worksheet and 3) Budget Narrative These worksheets should outline how grant funds will be used to support and implement activities provided through the ten (10) month project period.

Attachment A – Applicant Information

A. Applicant Agency

| | | |
|---------------|--|--------|
| Name: | | |
| Address: | | |
| City, ST Zip: | | |
| Telephone: | | Email: |

B. Type of Agency ☐Public ☐Private Non-Profit ☐Private Profit

C. Official Authorized to Sign Application

| | | |
|---------------|--|--------|
| Name: | | |
| Title: | | |
| Address: | | |
| City, ST Zip: | | |
| Telephone: | | Email: |
| Signature: | | |

D. Project Director

| | | |
|---------------|--|--------|
| Name: | | |
| Title: | | |
| Address: | | |
| City, ST Zip: | | |
| Telephone: | | Email: |

E. Financial Officer

| | | |
|---------------|--|--------|
| Name: | | |
| Title: | | |
| Address: | | |
| City, ST Zip: | | |
| Telephone: | | Email: |

F. Type of Application ☐New ☐Revision ☐Continuation of Grant # _____

G. Title of Project: _____

H. Geographic Area to be Served and Target Population

Area:

Population

| |
|--|
| |
| |

I. Federal Identification Number (FEIN): _____

J. DUNS Number: _____

L. Project Costs

Grant Funds Requested:

Local Funds/Cash Match *

In-Kind *

Total Cost

| |
|----|
| \$ |
| \$ |
| \$ |
| \$ |

* Not required

Attachment B - Budget Worksheet

Budget and Justification Worksheet

STR Budget and Justification

| | |
|--|--|
| Applicant Name: | |
| Fiscal Agent Name: (If Applicable) | |

A. Personnel:

| Position | Name | Annual Salary/Rate | Level of Effort | Cost |
|----------|------|--------------------|-----------------|------|
| | | | | |
| | | | | |
| | | | TOTAL | |

JUSTIFICATION: Describe the role and responsibilities of each position.

| | |
|---------------------------------|----|
| Total Personnel Request: | \$ |
|---------------------------------|----|

B. Fringe Benefits: List all components of fringe benefits and indicate rates.

| Component | Rate | Wage | Cost |
|-----------|------|-------|------|
| | | | |
| | | | |
| | | | |
| | | TOTAL | |

JUSTIFICATION:

| | |
|---------------------------------------|----|
| Total Fringe Benefits Request: | \$ |
|---------------------------------------|----|

C. Travel:

| Purpose of Travel | Location | Item | Rate | Cost |
|-------------------|----------|------|-------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | |

JUSTIFICATION: Explain the need for each agreement and how they relate to the overall project.

| | |
|---|----|
| Total Contractual Request: (combine the total of consultant and contract) | \$ |
|---|----|

G. Other: expenses not covered in any of the previous budget categories

| Item | Rate | Cost |
|------|-------|------|
| | | |
| | | |
| | | |
| | | |
| | TOTAL | |

JUSTIFICATION: Breakdown costs into cost/unit: i.e. cost/square foot. Explain the use of each item requested.

| | |
|-----------------------------|----|
| Total Other Request: | \$ |
|-----------------------------|----|

| | |
|-----------------------|----|
| Total Request: | \$ |
|-----------------------|----|

JUSTIFICATION: Provide rational and indicate percentage of total award being expended on indirect costs.

STR BUDGET SUMMARY:

| Category | Request |
|--------------------------------------|----------------|
| A. Personnel | |
| B. Fringe | |
| C. Travel | |
| D. Equipment | |
| E. Supplies | |
| F. Contractual | |
| G. Other | |
| H. Direct Request | |
| I. Indirect Costs (<i>10% max</i>) | |
| Total Project Costs | |

Budget Narrative

The Budget Narrative should thoroughly and clearly describe every category of expense listed in the Budget Detail Worksheet. The narrative should be mathematically sound and correspond with the information and figures provided in the Budget Detail Worksheet. The narrative should explain how all costs were estimated and calculated and how they are relevant to the completion of the proposed project. The narrative may include tables for clarification purposes but need not be in a spreadsheet format. As with the Budget Detail Worksheet, the Budget Narrative should be broken down with a phased implementation with deliverables in each phase. Budget Narrative is limited to **four pages**.